



2007
ABC CLINIC
REGISTRATION FORM

SPACE IS LIMITED!
REGISTER TODAY

Names _____

Organization _____

Address _____

City/State _____ Zip _____

Daytime phone _____

Email: _____

2 or more attending _____ x \$35

Single registration _____ x \$40

****Check if needing CPE ____ OR CLE ____ Credits****

Make checks payable to Lake Co. JSEC

Mail or fax to:

Job Service Workforce Center,
PO Box 970
Polson, MT 59860

406.883.4564